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CONFIRMATION NO. 6658

SERIAL NUMBER 10/529,345	FILING OR 371(c) DATE 11/16/2005 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. B659008.1
APPLICANTS Robert J. Chapolini, Phoenix, MD; Russell D. Geise, Allentown, PA;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/29983 09/25/2003 which claims benefit of 60/413,458 09/26/2002				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 9	TOTAL CLAIMS 11
INDEPENDENT CLAIMS 4				
ADDRESS William J Dundren 734 LaRue Road Millersville ,MD 21108				
TITLE Orthopedic medical device with unitary components				
FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	